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California
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EDITORIAL

A Successful Conference on Continuing Medical Education

AT TWO HIGHLY successful conferences last month good progress was made in the development of a sound plan that will make the very best use of the many courses and other methods for the continuing medical education of physicians in practice that heretofore have been offered piecemeal by the California Medical Association, medical schools, organizations of medical specialists, voluntary health agencies, hospital staffs, the pharmaceutical industry and others.

Both conferences (held in Los Angeles November 14 and in San Francisco November 15) were sponsored by the CMA's Scientific Board and its Committee on Continuing Medical Education. They were "top-drawer" affairs and each attracted nearly a hundred outstanding men and women from leading medical schools, hospitals, voluntary health agencies, county medical societies, public health departments and specialty societies.

The long-range goal of the planning that was discussed is the general betterment of medical practice in California through continuing education of practicing physicians.

One of the targets is efficient coordination of the multitudinous and sometimes conflicting array of postgraduate medical courses offered throughout the state.

Out of the comprehensive day-long discussions, two important areas of agreement emerged:

1. There is a definite need to establish an information center to which anyone planning to offer a course for postgraduate education can

turn for information on meetings that have already been scheduled by others. There they could find out the subjects to be covered, by whom offered, the names of instructors, the dates and the geographic location.

With a central source of information of this kind available, organizations planning courses could easily avoid a conflict of dates, the oversteering of one subject, the overburdening of faculty members called on for teaching assignments and the scheduling of a plethora of courses in some areas while permitting a drought in others.

2. To meet the need for continued and improved coordination in the future, some mechanism must be developed which can be employed in close conjunction with the Committee on Continuing Medical Education.

The structure for coordination probably can be best worked out by all organizations interested in this field through the Committee on Continuing Medical Education. It is anticipated that studies to this end will be made by the committee and recommendations forwarded to the Council.

The conferences were a logical result of one of the major activities of the committee and the Scientific Board. [Elsewhere in this issue, CMA President James C. Doyle discusses the Board's many other activities.] Back in 1959 and 1960, a survey conducted by the CMA's ad hoc Committee on Continuing Education and Scientific Activities led to the conclusion that there probably was an overabundance of postgraduate programs and some duplication of effort. More recent information indicates that the problem has become intensified.

Among those who traveled long distances last month to attend the conferences and tackle the problems were Hugh H. Hussey, M.D., director of the Division of Scientific Activities, American Medical Association and Theodore G. Klumpp, M.D., New York, member of the Board of Directors, Pharmaceutical Manufacturers Association.

Dr. Hussey outlined the AMA's numerous activities in continuing education, then added a note of

caution: "Whatever the form of continuing education in the future, much is to be gained by coordination of existing programs, providing that the coordination process does not preempt the educational process."

Dr. Klumpp emphasized the need for coordination by pointing out that "we are living in a period in which the pace of scientific and technical change is swifter than ever before. Medical progress has been in the forefront of this rapid advance."

"The invention and availability of new medicines," he said, "has been so prolific that therapeutics learned in medical school is soon outdated. For example, 70 per cent of today's prescriptions could

not have been written ten years ago because the drugs did not exist."

Space does not permit mentioning the many other professional men and women who contributed so much to the success of the conferences. But certainly George C. Griffith, M.D., deserves special praise for so effectively serving as moderator for both conferences and as long-time chairman of the CMA Committee on Continuing Medical Education.

We are confident that when recommendations of the conferences are adopted and put into practice, they will prove to be a powerful and effective means to the desired end: the best possible postgraduate educational opportunities for California's physicians.

